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Bib Data Sheet

**CONFIRMATION NO. 3274** 

| <b>SERIAL NUMBI</b><br>10/796,669   | FILING OR 371(c) DATE 10/796,669 03/09/2004 RULE |                           | <b>CLASS</b><br>536 |                               | GROUP ART UNIT<br>1652   |                       | ATTORNEY DOCKET<br>NO.<br>P/741-179 |                            |
|---|--|---------------------------|---------------------|-------------------------------|--|-----------------------|-------------------------------------|----------------------------|
| Tzu-Lung Lir  | n, Taipe   |                           | thy.                | ['a]                          | ·  |                       |                                     |                            |
| IF REQUIRED, FOF<br>04/19/2004  | REIGN  | FILING LICENSE GRANT      | ΓED **              | ** SMALL EN                   | TITY **  |                       |                                     |                            |
| Foreign Priority claimed  yes no  35 USC 119 (a-d) conditions met wes no Met after Allowance  Verified and Acknowledged Examiner's Signature Initials |  |                           |                     | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>4   | TOTAL<br>CLAIMS<br>13 |                                     | INDEPENDENT<br>CLAIMS<br>2 |
| <b>ADDRESS</b><br>2352  |  |                           |                     |                               |  |                       |                                     |                            |
| TITLE   | l Its Us   | e As A Restriction Endonu | uclease             |                               |  |                       |                                     |                            |
| RECEIVED  | RECEIVED No to charge/credit DEPOSIT ACCOUNT     |                           |                     |                               | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit |                       |                                     |                            |